



SENIOR DISCOUNT
CITY OF AUBURN
APPLICATION FOR UTILITY
RATE EXEMPTIONS
2006/2007
ORDINANCE NO. 5361

The undersigned certifies, subject to the penalties of perjury, that:

1. The undersigned is the head of household receiving water, sewer, storm drainage and/or garbage service at the address indicated below.
2. The undersigned is a least 62 years of age, or is permanently and totally disabled or suffering from some condition permanently incapacitating the undersigned from performing any work at any gainful occupation, and:

<input type="checkbox"/>	> 62 Years of Age
<input type="checkbox"/>	Disabled

3. The undersigned is not receiving additional utility allowances or rent subsidies from another governmental agency (i.e.: HUD, King County Housing, Section 8, etc.).
4. There are _____ residents in the household claiming the exemption, and
5. That for the previous *calendar year (2005)*, the combined total income from all sources of *all such residents* was \$_____/year.

Proof of all 2005 income must be confirmed by authorized City Personnel, such as, most recent income tax return, social security annual statement, or annual retirement statement.

Accounts in the name of the applicant will be credited with each billing statement for the appropriate reduction.

Date: _____ Account Number: _____

Applicant: _____ Date of Birth: _____

Address: _____ Zip Code: _____

Name on Account: _____ Phone Number: _____

Driver's license # or ID Card #: _____

Signature: _____

FOR OFFICE USE ONLY		
Date Received: _____	Approved By: _____	Date Approved: _____
Received By: _____	Denied By: _____	Date Denied: _____
Received At/By: _____	Counter/Mail/Fax/Senior Center	Reason Denied: _____

Persons applying for the disability reduction must complete the form on the back of this application.
(Including doctor's signature, subject to verification).

Income Limits for 2005 Income:

One Person: \$27,250

Two People: \$31,150

Three People: \$35,050

SENIOR DISCOUNT
CITY OF AUBURN
AFFIDAVIT FOR CLAIM OF DISABILITY
APPLICATION FOR UTILITY **RATE EXEMPTIONS**
2006/2007
ORDINANCE NO. 5361

The undersigned certifies, subject to the penalties of perjury, that:

The applicant is the head of household receiving Water, Sewer, Storm Drainage and/or Garbage service at the address listed below.

The applicant meets the following criteria for receiving the exemption for utility services:

The applicant is totally and permanently disabled in that the individual has lost both legs and arms or one leg and one arm, or total loss of eyesight, or is paralyzed or suffering from some other condition permanently incapacitating the applicant from ever performing any work at any gainful occupation.

APPLICANT NAME: _____

ADDRESS: _____

TELEPHONE: _____

APPLICANT SIGNATURE: _____

PHYSICIAN SIGNATURE: _____ / _____
(REQUIRED EACH YEAR) Physician Signature Date

PHYSICIAN TELEPHONE NUMBER: _____